

JUL 14 2000

Michael N. Milby, Clerk

United States Bankruptcy Court District of _____		PROOF OF CLAIM	
In re (Name of Debtor) <b>STAGE STORES INC</b>		Case Number <b>00-35078-H2-11</b>	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or entity to whom the debtor owes money or property)		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and Addresses Where Notices Should be Sent  <b>GRAINGER 7300 N. MELVINA AVE. NILES, IL 60714-3998</b>			
Telephone No. _____			
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: <b>352 804143675</b>		Check here if this claim: <input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends	
1. BASIS FOR CLAIM: <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly) _____  <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensations (Fill out below) Your social security number _____ Unpaid compensations for services performed from _____ (date) to _____ (date)			
2. DATE DEBT WAS INCURRED: <b>SEE STATEMENT ATTACHED</b>		3. IF COURT JUDGMENT, DATE OBTAINED: _____	
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM.  <input type="checkbox"/> SECURED CLAIM \$ _____ Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) _____ Amount of arrearage and other charges included in secured claim above, if any \$ _____ <b>1849.78</b>  <input type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ _____ A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.  <input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ _____ Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$2000), earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier—11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan—U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$900 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use—11 U.S.C. § 507(a)(6) <input type="checkbox"/> Taxes or penalties of governmental units—11 U.S.C. § 507(a)(7) <input type="checkbox"/> Other—11 U.S.C. §§ 507(a)(2), (a)(5)—(Describe briefly) _____			
5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: \$ <b>1849.78</b> (Unsecured) \$ _____ (Secured) \$ _____ (Priority) \$ <b>1849.78</b> (Total) <input type="checkbox"/> Check this box if claim includes prepetition charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.			
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.			
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
8. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date <b>7-10-00</b>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)  <b>W.F. ALLEN, REFERRAL MGR.</b>		

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**GRAINGER®**

W.W. Grainger, Inc.  
7300 N. Melvina Avenue  
Niles, IL 60714-3998  
Tel: 847.647.7200  
Fax: 847.647.9345

7-10-00

436 848312344  
436 813273497  
352 804428431  
Account Number: 352 804143675

Re: Bankruptcy Number: 00-35078-H2-11

• U.S. BANKRUPTCY COURT  
• 515 RUSK AVENUE 1ST FLOOR  
• HOUSTON, TEXAS 77002  
•

•  
• STAGE STORIES INC  
• 10201 SOUTH MAIN  
• HOUSTON, TX 77025

Dear Sir:

Please find enclosed our proof of claim and itemized statement in subject bankruptcy, reflecting the balance  
due of \$ 1849.78

Kindly enter our claim, and send acknowledgment in the enclosed prepaid envelope, Thank you.

Sincerely,



Special Collections Division

encl.



352 80-414-367-5

STAGE STORES INC

10201 SOUTH MAIN

HOUSTON

TX 77025

DATE

INVOICE

AMOUNT

CODE

1

10/22/97 992273621

904.21CR C

11/10/97 992303648

16.16CR C

04/02/98 992511910

138.00CR C

06/29/98 358447591

83.20 I

10/19/98 358477085

28.21 I

10/28/98 933428009

276.61 I

10/30/98 933456633

276.61 I

11/16/98 358484079

196.60 I

07/28/99 992259770

40.43CR C

10/06/99 981373754

0.01CR C

04/11/00 933106974

93.96 I

07/05/00

TOTAL

143.62CR

114562 -  
110514 +  
85193 +  
3633 +

004

184978 \*

352 80-442-843-1	DATE	INVOICE	AMOUNT	CODE	1
STAGE STORES INC	12/27/99	933179293	72.99	I	
726 MEYERLAND PL 202	05/09/00	933216297	200.64	I	
HOUSTON TX 77096	05/25/00	933559547	280.05	I	
	06/01/00	933938922	272.30	I	
	06/01/00	933938923	279.16	I	
	<del>06/02/00</del>	<del>933009325</del>	<del>295.94</del>	<del>I</del>	

07/05/00	TOTAL	<del>1,401.00</del>
		1,105.14

436 81-327-349-7

STAGE STORES INC

506 BEALL BLVD

JACKSONVILLE TX 75766

DATE	INVOICE	AMOUNT	CODE	1
03/10/99	436870515	66.44	CR R	
08/31/99	436880808	1,447.51	CR R	
09/03/99	436121919	74.69	CR R	
11/22/99	973562672	334.75	I	
04/10/00	973121593	1,043.21	I	
04/17/00	436525845	1,043.20	CR R	
05/15/00	933660762	1,837.21	I	
05/18/00	931023006	210.73	I	
05/31/00	933781179	57.87	I	
<del>06/09/00</del>	<del>933606237</del>	<del>75.79</del>	<del>I</del>	
<del>06/14/00</del>	<del>973467508</del>	<del>465.69</del>	<del>I</del>	
<del>06/14/00</del>	<del>933928042</del>	<del>217.02</del>	<del>I</del>	
<del>06/15/00</del>	<del>933091243</del>	<del>12.40</del>	<del>I</del>	
<del>06/27/00</del>	<del>933014848</del>	<del>37.02</del>	<del>I</del>	

07/05/00 TOTAL ~~1,659.85~~

851.93

436 84-831-234-4  
STAGE STORES CREDIT  
1020 WILLOW CREEK  
JACKSONVILLE TX 75766

DATE	INVOICE	AMOUNT	CODE	
05/17/00	933892341	36.33	I	1

07/05/00	TOTAL	36.33		
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